


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90008 050 \*\*\*150.00

<b>DOCUMENT # H70746</b>	
<b>1. Entity Name</b> JAAR, INC.	

<b>Principal Place of Business</b> 21905 W. 98 A FRONT BEACH RD. PANAMA CITY BEACH FL 32413	<b>Mailing Address</b> 21905 FRONT BEACH RD. PANAMA CITY BEACH FL 32413
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

<b>6. Name and Address of Current Registered Agent</b>	
STEPHENS, HELEN 22101 SUNNYSIDE LANE PANAMA CITY BEACH FL 32413	

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>	
SIGNATURE <i>Helen Stephens</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<i>Helen Stephens - Sec-Treas. 1-27-04</i> <small>(NOTE: Registered Agent signature required when re-registering) DATE</small>

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STEPHENS, HELEN 21905 FRONT BEACH RD. PANAMA CITY BEACH FL 32413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>	
SIGNATURE: <i>Helen Stephens</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>Helen Stephens Sec-Treas 1-27-04</i> <small>Date Daytime Phone #</small>